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10 IN THE UNITED STATES DISTRICT COURT  
11 FOR THE EASTERN DISTRICT OF CALIFORNIA  
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14 **LETRINH HOANG, D.O., PHYSICIANS**  
15 **FOR INFORMED CONSENT, a not-for**  
16 **profit organization, and CHILDREN'S**  
**HEALTH DEFENSE, CALIFORNIA**  
**CHAPTER, a California Nonprofit**  
**Corporation,**

17 Plaintiffs,

18 v.

19  
20 **ROB BONTA, in his official capacity as**  
21 **Attorney General of California, and ERIKA**  
22 **CALDERON, in her official capacity as**  
**Executive Officer of the Osteopathic**  
**Medical Board of California ("OMBC"),**

23 Defendants.

2:22-cv-02147

**NOTICE OF APPEARANCE OF  
COUNSEL MEGAN R. O'CARROLL**

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25 **TO THE COURT AND ALL PARTIES:**  
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27 Please take notice that Megan R. O'Carroll, of the California Attorney General's Office  
28 hereby enters an appearance on behalf of Defendants in the above entitled action. Other members

1 of the California Attorney General's Office have already entered an appearance, and Deputy  
2 Attorney General Kristin Liska remains the primary attorney of record designated for service in  
3 this matter.  
4

5 Dated: January 20, 2023

Respectfully submitted,

6 ROB BONTA  
7 Attorney General of California  
8 EDWARD K. KIM  
9 Supervising Deputy Attorney General



10 MEGAN R. O'CARROLL  
11 Deputy Attorney General  
12 *Attorneys for Defendant*  
13 *Osteopathic Medical Board of California*

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## CERTIFICATE OF SERVICE

Case Name: **Hoang, et al. v. Bonta**

Case No. **2:22-cv-02147**

I hereby certify that on January 20, 2023, I electronically filed the following documents with the Clerk of the Court by using the CM/ECF system:

### **NOTICE OF APPEARANCE OF COUNSEL MEGAN O'CARROLL**

I certify that **all** participants in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on January 20, 2023, at Los Angeles, California.

\_\_\_\_\_  
Diana Montufar  
Declarant

\_\_\_\_\_  
*Diana Montufar*  
Signature